



1. HealthNet Policy Number

I038-000-
115298102-012. Authorization
Code:

2. Patient Name

Peter Kalinda

3. Patient Date of Birth & Sex

01-01-93(dd/mm/yy)

☒ Male ☐ Female

Mobile No. 0524495579

5. Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6. Are You the patient's primary physician

☐ Yes ☐ No

7. Presenting Complaints: sebaceous cyst in occipital area with one time relapse after drainage on 1/10/2023

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Sebaceous cyst

ICD Code L72.3

12. Etiology:

13. In case of Injury: mode of Injury/place of Injury

14. Plan / Details of Management

a. Procedure: Incision and drainage of hematoma, seroma or fluid collection, Free follow-up consultation of the same diagnosis within 7 days of initial consultation by a Specialist. CPT code 10140, 10.1

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 29-10-23(dd/mm/yy)

Doctor's Name Dr. Hamid Esmailpour

Signature and Stamp

Dr. Hamid Esmailpour
Specialist General Surgery
DHA No: 10991334-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Physician Code DHA-P-010991334 HNM Code

Authorization

I hereby authorize the Physician, Hospital or Pharmacy to file a claim for medical services on my behalf and I confirm that the above mentioned examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other person who has provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, medical condition or medical services and copies of all medical and hospital records.

A Photocopy or teletax copy of this authorization shall be considered effective any valid as the original

Date: 29-10-23(dd/mm/yy)

Signature of Insured / Claimant

Copy of NGI - Pharmacy

NATIONAL GENERAL INSURANCE CO. (P.J.S.C)

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